


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90058 043 ****50.00

DOCUMENT # L04000067776 1. Entity Name ABOVE IT ALL PROPERTIES, LLC					
Principal Place of Business 1409 N.E. 22ND AVENUE OCALA, FL 34470			Mailing Address 1409 N.E. 22ND AVENUE OCALA, FL 34470		
2. Principal Place of Business 201 S.W. 2ND STREET Suite, Apt. #, etc.		3. Mailing Address 201 S.W. 2ND STREET Suite, Apt. #, etc.			
City & State OCALA FL		City & State OCALA, FL		4. FEI Number 34-2025944	
Zip 34474		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSTEIN, PHILIP J 1409 N.E. 22ND AVENUE OCALA, FL 34470			7. Name and Address of New Registered Agent Name PHILIP J. OLSTEIN Street Address (P.O. Box Number is Not Acceptable) 201 S.W. 2ND STREET City OCALA FL Zip Code 34474		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PHILIP J. OLSTEIN 201 S.W. 2ND STREET OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			PHILIP J. OLSTEIN 3/4/05 352-628-5725		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		